PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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October 1 2004 Substitute for Form PTO-875								Application or Docket Number 101733390		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							NTITY	OR	OTHER SMALL	
FOR NUMBER FILED				NUMBER EXTRA		FEE	:	RATE	FEE	
BASIC FEE 37 CFR 1.16(a))					RATE	: <i>3</i> 95	OR,		,190	
TOTA	TOTAL CLAIMS 37 CFR 1.16(c)) minus 20 =			<u>.</u> .		x 5 9 =		OR	x s 8 = .	- 1
NDEPENDENT CLAIMS					× 44 =		OR.	x \$ 85 =		
	0.01.1.1.00				+\$1.50=		OR	+,300=		
* If the difference in column 1 is less than zero, enter *0* in column 2.								OR.	TOTAL	
• If th	e difference in c	olumn 1 is less tha	n zero, em	ter "0" in column 2	!.	TOTAL		l OK	TOTAL	
,	N. I.A	MS AS AME	ENDED	- PART II				`	OTHE	R THAN
1	(). (b o	(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR •		ENTITY
۲		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL- FEE
핅	Total	· 1a	Minus	" 1/2/	Ξ	x \$ 9 =		OR	x \$ <u>[8</u> =	
밁	(37 CFR 1.15(c)) Independent (37 CFR 1.16(b))	• 5	Minus	W	=	× 444 =		OR	x \$ 88 =	
AMENDMENT		ATION OF HIR TIPE			R 1 16/d))	1.150-		OR	+,200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		OR:	TOTAL ADD'L FEE	
		* 1,1				ADD'L FEE]	, ADDEFEE	<u> </u>
- 1		(Column 1)		(Column 2) HIGHEST	(Column 3)			1		
NT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL- FEE
Ž	Total (37 CFR 1.16(c))	•	Minus	**	=	x s_4_=		OR	x s/8 =	· · · · · ·
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	984	=	x s <u>44</u> =		OR	x \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$150=		OR	+,300=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			,		
ST C		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• AMENDMENT	Minus	**	=	x 9 =		OR	× \$ 18 =	1
	(37 CFR 1.16(c)) Independent	·	Minus		=	x s // =		OR	x:\$ <u>\$8</u> =	
	(37 CFR 1.16(b))				IKA		OR	+ \$300 =	ļ. ;	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				TOTAL	 	1 .	TOTAL	 	
				ry in column 2, wri		ADD'L FEE		OR.	' ADD'L FEE	L

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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